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004372 7590 09/17/2004

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12/10/2004 EABUBAK2 00000013 012300 10613123

01 FC:1504 300.00 OP
02 FC:8001 30.00 OP
03 FC:1504 APPLICATION NO. 30.00 DA FILING DATE 12/07/2003



FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/613,123

07/07/2003

Hideki Ishida

100021-00128

7222

TITLE OF INVENTION: SEMICONDUCTOR INTEGRATED CIRCUIT DEVICE ENABLING TO PRODUCE A STABLE CONSTANT CURRENT EVEN ON A LOW POWER-SOURCE VOLTAGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1350 \$1370	\$300	\$1680	12/17/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS		\$1670	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 Arent FOX

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

FUJITSU LIMITED

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kawasaki, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
<input checked="" type="checkbox"/> Issue Fee	<input checked="" type="checkbox"/> A check in the amount of the fee(s) is enclosed.
<input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input checked="" type="checkbox"/> Advance Order - # of Copies 10	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-2300 (enclose an extra copy of this form).

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Authorized Signature George E. Oram, Jr. Date 12/8/04

Typed or printed name George E. Oram, Jr. Registration No. 27,931

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